

MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. -

10/538984

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
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44			/			
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			3			
TOTAL DEP.			66			
TOTAL CLAIMS			69			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
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92					/	
93					/	
94					/	
95					/	
96					/	
97					/	
98					/	
99					/	
100					/	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						